

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90129 045 ***563.75

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DOCUMENT # 334818

1. Entity Name

RIVIERA POOLS, INC.



Principal Place of Business

503 NE 19 ST.
FT. LAUDERDALE FL 33305

Mailing Address

503 NE 19 ST.
FT. LAUDERDALE FL 33305



2. Principal Place of Business

RIVIERA POOLS, INC.

3. Mailing Address

RIVIERA POOLS, INC.

Suite, Apt. #, etc.

5574 NW 55 DRIVE

Suite, Apt. #, etc.

5574 NW 55 DRIVE

City & State

COCONUT CREEK, FLA

City & State

COCONUT CREEK, FLA

Zip

33073

Country

BROWARD

Zip

33073

Country

BROWARD

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-1292910

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAY, ELLIOTT
503 NE 19 STREET
FT LAUDERDALE FL 33305

NEW ADDRESS

7. Name and Address of New Registered Agent

Name: ~~STEPHEN H. SEARS~~
Street Address (P.O. Box Number is Not Acceptable):
5574 NW 55 DRIVE
City: COCONUT CREEK FL Zip Code: 33073

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Stephen H. Sears

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Sep 8, 2003

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	8 President	<input type="checkbox"/> Delete
NAME	SEARS, STEPHEN	
STREET ADDRESS	5574 NW 55 DRIVE	
CITY-ST-ZIP	COCONUT CREEK FL 33073 ← 33073	
TITLE	President	<input checked="" type="checkbox"/> Delete
NAME	ELLIOTT, RAY	
STREET ADDRESS	503 NE 19 ST	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICK THOMAS	
STREET ADDRESS	4885 NW 59 ST	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE	3rd TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RON HOFFMANN	
STREET ADDRESS	2636 CARABOLA Circle	
CITY-ST-ZIP	COCONUT CREEK, FL 33066	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHEN H. SEARS	
STREET ADDRESS	5574 NW 55 DRIVE	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STEPHEN H. SEARS / Stephen H. Sears 9/8/03 (954) 931-6364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)